

Foster Family Home - Corrective Action Report

Provider ID: 1-180032

Home Name: Sheila Mendoza, NA

Review ID: 1-180032-3

94-326 Hene Street

Reviewer: Pamela Perry

Waipahu HI 96797

Begin Date: 6/26/2020

Foster Family Home

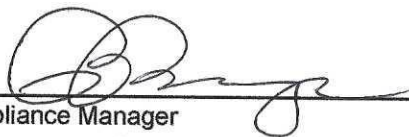
Required Certificate


[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)- Unannounced visit made on 6/26/20 for a 3 bed CCFFH Recertification inspection. Home in compliance with all regulations. Home will receive a 3 bed certification.


Compliance Manager


Primary Care Giver

6/26/20
Date

6/26/20
Date